Nelsonville-York City Schools Local Professional Development Committee

District Name / PD Summary

Name_____ Bldg_____Assignment_____

IPDP Approval Date_____

Rubric #	PPD* Title	Approval Date	Credit Granted	PD Stnd 1	PD Stnd 2	PD Stnd 3	PD Stnd 4	PD Stnd 5	PD Stnd 6

* PPD = Pre-Approved Professional Development

Directions to LPDC:

(1) Enter date of each PD Evaluation submitted to the committee.

(2) For THAT event or experience, rate the Alignment to Ohio PD Standards. Check off (✓) any standard which earns an ADEQUATE or EXEMPLARY rating. (See IPDP Rubric, *Organizing for High Quality Professional Development,* pp. 25-31.)

(3) Assure that each educator achieves ADEQUATE or EXEMPLARY in each of the SIX Ohio PD Standards before recommending him or her for renewal.